

JUL 21. 2003 1:37PM

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Fax 703-872-9306

From Allyson K. Jacobs

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Date 21-Jul-2003 Pages including cover 4

Subject Serial No.: 10/062,647

Filing Date: 01/31/02

Attached:

Fee Transmittal
Terminal Disclaimer
Certificate of Transmission

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PTO/SB/17 (5-03)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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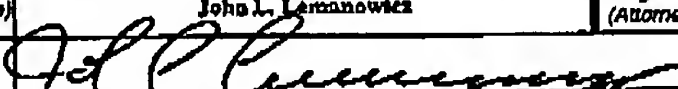
FEE TRANSMITTAL for FY 2003		Complete if Known	
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	10/062,647
		Filing Date	1/31/02
		First Named Inventor	Cockcrill et al.
		Examiner Name	Goldberg
		Group Art Unit	1614
		Attorney Docket No.	PG3119US2
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		\$110.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number		Fee Code (\$)	Fee Code (\$)
07-1392		1051 130	2051 65
Deposit Account Name		1052 50	2052 25
GlaxoSmithKline		1053 130	1053 130
The Commissioner is authorized to: (check all that apply)		1812 2,520	1812 2,520
<input checked="" type="checkbox"/> Charge fee(s) indicated below		1804 920*	1804 920*
<input checked="" type="checkbox"/> Credit any overpayment(s)		1805 1,840*	1805 1,840*
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1251 110	2251 55
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1252 410	2252 205
		1253 930	2253 485
		1254 1,450	2254 725
		1255 1,970	2255 985
		1401 320	2401 160
		1402 320	2402 160
		1403 280	2403 140
		1451 1,510	1451 1,510
		1452 110	2452 55
		1453 1,300	2453 650
		1501 1,300	2501 650
		1502 470	2502 235
		1503 630	2503 315
		1460 130	1460 130
		1807 50	1807 50
		1806 180	1806 180
		8021 40	8021 40
		1809 750	2809 375
		1810 750	2810 375
		1801 750	2801 375
		1802 900	1802 900
		Other fee (specify) <u>Terminal Disclaimer</u>	
		110.00	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 750	2001 375
1002 330	2002 165
1003 520	2003 260
1004 750	2004 375
1005 160	2005 80
SUBTOTAL (1) (\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND	
Total Claims	Extra Claims
Independent	-20** = 0
Multiple Dependent	-3** = 0
SUBTOTAL (2) (\$)	

SUBTOTAL (3)	
(\$)	\$110.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John L. Kamanowicz	Registration No. (Attorney/Agent)	37,380
Signature		Telephone	919-483-8247
		Date	21 Jul 03

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PTO/SB/97 (05-03)

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